

received 10/20/02
11/20/03

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

OPERATING WITHOUT A
BUSINESS LICENSE

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: M+M ENTERPRISES OF SOUTH FLORIDA, INC
BUSINESS STREET ADDRESS: 14781 SW 26 ST, DAVIE, FL ZIP 33325
BUSINESS MAILING ADDRESS: SAME ZIP _____
BUSINESS PHONE: 954-236-0255
DESCRIBE TYPE OF BUSINESS: MANAGEMENT (office)
BUSINESS IS: Corporation ☒ Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>RICHARD MARCHESE</u>	<u>SAME</u>	<u>SAME</u>	<u>SAME</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, _____, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

RICHARD MARCHESE / PRESIDENT

Print Owner or Officers Name and Title

Signature of Owner or Officer

Office Use Only: Date <u>2/7/03</u>		Category <u>13500</u>	Fee Exempt per Sec. 13-13 _____	Fee <u>115.76</u>	Rec# _____	New <input checked="" type="checkbox"/> Trans _____
License # <u>03-18122</u>		Control # <u>14815</u>		Zoning <u>R-1</u>		
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____		Zoning Approval <u>Pat</u>		Date <u>2/10/03</u>		
Town Council Date _____		Approved _____		Denied _____		
Tabled To _____		Approved _____		Denied _____		
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____						

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